



FW 3626

TRANSMITTAL (Information Disclosure Statement)	Docket No.: NIC-P002US	Total Pages: 4
	Application No.: 09/672,829	
	Filing Date 09/29/2000	
	First Named Inventor: Cathal McGloin	
	Art Unit: 3626	
Examiner Name: Michelle Linh-Giang Le		

ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop Amendment <input type="checkbox"/> Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																																			
<p>1. <input type="checkbox"/> Supplemental Response with Corrected Listing of Claims.</p> <p><input type="checkbox"/> After Final.</p> <p>2. <input type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is _____; accordingly the appropriate non-small-entity fee is (\$.00).</p> <p><input type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$.00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449.</p> <p><input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets: _____)</p> <p><input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table border="1"><thead><tr><th><u>Total Claims</u></th><th><u>Extra Claims</u></th><th><u>Fee (\$)</u></th><th><u>Fee Paid (\$)</u></th><th><u>Multiple Dependent Claims</u></th></tr><tr><th></th><th></th><th></th><th></th><th><u>Fee (\$)</u> <u>Fee Paid (\$)</u></th></tr></thead><tbody><tr><td>_____ -20 or HP=</td><td>_____ x</td><td>25</td><td>_____</td><td>180</td></tr><tr><td colspan="5">HP = highest number of total claims paid for, if greater than 20</td></tr><tr><th><u>Indep. Claims</u></th><th><u>Extra Claims</u></th><th><u>Fee (\$)</u></th><th><u>Fee Paid (\$)</u></th><td></td></tr><tr><td>_____ -3 or HP=</td><td>_____ x</td><td>100</td><td>_____</td><td></td></tr><tr><td colspan="5">HP = highest number of independent claims paid for, if greater than 3.</td></tr></tbody></table> <p>7. <input type="checkbox"/> Other Fees:</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (_____). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input type="checkbox"/> Other Enclosure(s):</p> <p>12. <input type="checkbox"/> Remarks:</p>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>					<u>Fee (\$)</u> <u>Fee Paid (\$)</u>	_____ -20 or HP=	_____ x	25	_____	180	HP = highest number of total claims paid for, if greater than 20					<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		_____ -3 or HP=	_____ x	100	_____		HP = highest number of independent claims paid for, if greater than 3.				
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(Executed Attachment to Page 1)

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CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name Anthony L. Miele	Date <u>12/15/06</u>

Dated: 12/15/06

Respectfully submitted,

By: 

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Substitute for Form 1449 Information Disclosure Statement By Applicant	Application Number	09/672,829
	Filing Date	09/29/2000
	First Named Inventor	Cathal McGloin
	Art Unit	3626
	Examiner Name	Michelle Linh-Giang Le
Sheet 1 of 1	Attorney Docket No.	NIC-P002US

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US- 6,396,512	05/28/2002	Nickerson	
		US- 6,564,368	05/13/2003	Beckett et al.	
		US- 6,571,281	05/27/2003	Nickerson	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ Number ⁴ Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶

Examiner Signature		Date considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.